

Member Information Form—Defined Benefit Plan(s)

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org

To New Colorado PERA Members:

Welcome to membership in the Colorado Public Employees' Retirement Association (Colorado PERA).

As an employee of a public employer affiliated with Colorado PERA, you may or may not pay Social Security tax depending on whether your employer contributes to both Colorado PERA and Social Security. Colorado PERA is a qualified retirement plan that can substitute for Social Security, as required by law.

Upon receipt of this form, Colorado PERA will mail you a Colorado PERA membership packet that explains your Colorado PERA benefits and establish a member contribution account for you:

- You will contribute 8* percent of your salary to the account through payroll deduction. If you are a State Trooper, you will contribute 10* percent. Colorado PERA will pay interest on your member contribution account. The interest rate is determined by the Colorado PERA Board and is subject to change annually. See the Colorado PERA Web site for the current rate or call Colorado PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372.
- Your Colorado PERA contributions are tax-deferred and are not subject to federal or state income tax until they are withdrawn or received as a monthly benefit. Your contributions and interest will always be returned to you, either in the form of a lump-sum withdrawal or a monthly benefit.

While our mission is to provide members with retirement benefits, we also provide the following other benefits:

- Monthly benefits to your qualified survivors if you die after earning one year of service credit. If you have a DPS benefit structure account, eligibility for survivor benefits is different. See the *Survivor Benefits* booklet for more information.
- Disability coverage after you have five years of earned service credit.
- A voluntary life insurance program in which you may participate immediately.
- Voluntary retirement savings plans such as the Colorado PERA 401(k) Plan and the Colorado PERA 457 Plan (if your employer participates). For more information about these plans, see Colorado PERA's Web site at www.copera.org or call Colorado PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372.
- The option to purchase service credit based on a refunded account or for employment not covered by Colorado PERA or another retirement program when you have one year of earned service credit. See the *Purchasing Service Credit* booklet for more information.

When you end Colorado PERA employment, you may leave your member contribution account with Colorado PERA (it will continue to earn interest). If you return to Colorado PERA employment, your account will be ready to accept additional contributions and you will build additional service credit. If you leave your account at Colorado PERA, be sure to keep us informed of your address to prevent your account from being transferred to the State's Unclaimed Property Fund.

Again, welcome to Colorado PERA! We will strive to inform you about your Colorado PERA benefits by sending you the Colorado PERA *Member Report* newsletter three times per year, a statement of your account annually after your first year of membership, and other publications.

*Members in the State and Judicial Divisions will contribute an additional 2.5 percent from July 2010 through June 2011.

Member Information Form—Defined Benefit Plan(s) Instructions

Please read all of the following information before completing this form:

- Type or print in black ink and sign the form. Please do not send photocopies of this form or staple, tape, or glue items to it.
- If you are a new member, give the form to your personnel office to send to Colorado PERA.
- If you are changing information already on file with Colorado PERA, send it to Colorado PERA and provide your employer with a copy. Changes made on this form take effect upon receipt of the completed form at Colorado PERA.
- As a result of the merger between Colorado PERA and the Denver Public Schools Retirement System (DPSRS), some members may have two member contribution accounts with Colorado PERA—one under the PERA benefit structure and one under the DPS benefit structure. If you have two accounts, changes under the Member Information section will be made to both accounts (if applicable).
- If you have changed your name, changed employers, or want to change your address or beneficiary(ies), complete this form and send it to Colorado PERA. Colorado PERA requires a new copy of your signed Social Security card only if you have changed your name since sending in your initial copy.
- If you need to list additional named beneficiaries, attach a separate sheet with the type of beneficiary (primary or contingent), name(s), relationships, Social Security numbers, birthdates, addresses, and your signature. This page must be signed or your beneficiaries will not be added/changed.

If you complete any beneficiary information on this form and submit this form to Colorado PERA, you are canceling and replacing all of your previously named beneficiaries. If you want to continue any previous designations, you must fully name all named beneficiaries on this form or on a separate list submitted with this form.

- If you would like to change your address only, go to Colorado PERA's Web site (www.copera.org) and log in to your Account Access using your PERA PIN. You may change your address using "Update Contact Info." You may also call Colorado PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372 and speak to a Customer Service Representative.
- If you need to change your Colorado PERA-sponsored life insurance or 401(k) Plan beneficiary(ies), see the information below.
- If you participate in the Colorado PERA DC Plan or the Colorado PERA 457 Plan and need to change your name, address, phone number, or beneficiary(ies), see the information below.

Named Beneficiary Information

If you have an account in both the PERA and DPS benefit structures, use the check boxes on the form to indicate if your requested beneficiary changes apply to one or both of your accounts. If you do not check a box, the beneficiary changes will be made to both accounts (if applicable).

Beneficiary definitions:

- **Primary Beneficiary**—beneficiary to receive payment. If you have more than one primary beneficiary, payment will be divided equally among all primary beneficiaries.
- **Contingent Beneficiary**—person to receive payment if your primary beneficiary(ies) is deceased. If you list more than one contingent beneficiary, payment will be divided equally among them.

Survivor Benefit Information

If you have more than one year of service under the PERA benefit structure or more than five years under the DPS benefit structure, State law specifies who receives monthly benefits after you die. Survivor benefits are different if you have a PERA or DPS benefit structure account, see the *Survivor Benefits* booklet for detailed information. No law shall apply to automatically revoke a spouse's designation as a named beneficiary upon your divorce, annulment, or any dissolution or declaration of invalidity of your marriage.

Changing Colorado PERA Life Insurance, 401(k), DC, and 457 Plan Information

- If you are enrolled in Colorado PERA-sponsored life insurance and have changed employers, notify your new employer to deduct your life insurance premium. If you want to change your life insurance beneficiary(ies), call Unum toll-free at 1-866-277-1649 or go to Colorado PERA's Web site (www.copera.org) and log in to your Account Access using your PERA PIN and select "Life Insurance" under the Inquiry menu.
- If you have a Colorado PERA 401(k) Plan account and need to change your name, address, or phone number, complete the *PERA Account(s) Address Change Form*. If you need to make 401(k) Plan beneficiary changes, complete the *401(k) Beneficiary Designation Form*. You can obtain the forms online at www.copera.org or by calling 1-800-759-7372 and selecting the 401(k) Plan option. If you are transferring from or are currently employed by another Colorado PERA employer and actively contributing, notify your new employer's payroll office so that contributions may continue through your new employer.
- If you have the Colorado PERA DC Plan account and need to change your name, address, or phone number, complete the *PERA Account(s) Address Change Form*. If you need to make DC Plan beneficiary changes, complete the *DC Plan Beneficiary Designation Form*. You can obtain the form online at www.copera.org or by calling 1-800-759-7372 and selecting the DC Plan option.
- If you have a Colorado PERA 457 Plan and need to change your name, address, phone number, or beneficiary(ies), go to the Web site at www.colorado457.com or call 303-737-7720 or 1-800-838-0457.

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Read the instructions to the left before completing this form. Be sure to sign and date this form as well as any enclosures.

SSN

SSN boxes: [][][] - [][] - [][][]

Member Information—to be completed by you.

I am: A New Member Changing Colorado PERA Information (Fill in name and any information you are changing and sign.)

Member _____
Last Name First Name Middle Name Former Name

Birthdate _____ Sex: Male Female Home Telephone (____) Work Telephone (____)
Month/Day/Year

Mailing Address _____
Street, Route, or Box Number, and Apt. Number City State ZIP Code

Spouse _____ Spouse's Birthdate _____
Last Name First Name Middle Name Month/Day/Year

Named Beneficiary(ies)—Primary and Contingent of Your Colorado PERA Account(s)

Changes Apply to: PERA Benefit Structure Account DPS Benefit Structure Account Apply to Both Accounts

Note: If you do not check a box, the beneficiary changes will be made to both defined benefit accounts, if applicable.

Primary Beneficiary(ies):

Name Relationship SSN Birthdate

Street, Route, or Box Number, and Apt. Number City State ZIP Code

Name Relationship SSN Birthdate

Street, Route, or Box Number, and Apt. Number City State ZIP Code

Contingent Beneficiary(ies):

Name Relationship SSN Birthdate

Street, Route, or Box Number, and Apt. Number City State ZIP Code

Name Relationship SSN Birthdate

Street, Route, or Box Number, and Apt. Number City State ZIP Code

Member Signature _____ Date _____

***** TO BE COMPLETED BY EMPLOYER FOR NEW EMPLOYEES ONLY *****

Employer No. _____ Employer Name _____ Date _____

Starting Salary _____ Job Title _____ Date Employed _____